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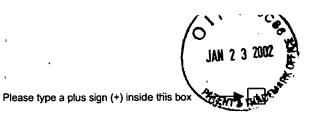
PTO/SB/81 (02-01)

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     | 09/928,256                 | 1 |  |  |  |  |
|------------------------|----------------------------|---|--|--|--|--|
| Filing Date            | 8/10/01                    |   |  |  |  |  |
| First Named Inventor   | Suresh L. Konda            |   |  |  |  |  |
| Title                  | METHOD AND SYSTEM FOR DATA |   |  |  |  |  |
| Group Art Unit         | 2152                       |   |  |  |  |  |
| Examiner Name          | Not Known                  |   |  |  |  |  |
| Attorney Docket Number | 287946-00001               |   |  |  |  |  |

| Practitioners at Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | *HETEROGENEOUS COMPUTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SISIEM             |          |                |              |          | _                     |          |
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| Practitioners at Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . I hereby appo | int:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |          |                | D/o          |          |                       | 7        |
| Practitioner(s) named below:    Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ✓ Practition    | ners at Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003705             |          |                | 1            |          |                       |          |
| Name Registration Number REC    MAR.1   2 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |          | •              | Lab          | el here  | <del></del>           |          |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  Practitioners at Customer Number.  Practitioners at Customer Number.  Wirk D. Houser  Address  Eckert Seamans Cherin & Mellott, LLC  Address  600 Grant St., 44th Floor  City Pittsburgh State PA Zip 15219  Country US  Telephone 412.566.6083 Fax 412.566.6099  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name SURESH L. KONDA  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Practition      | er(s) named below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |          |                |              |          |                       |          |
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| Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  Individual Name  Address  Eckert Seamans Cherin & Mellott, LLC  Address  600 Grant St., 44th Floor  City  Pittsburgh  State  PA  Zip  15219  Country  US  Telephone  1 am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  SURESH L. KONDA  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                                                                                                                |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |          |                |              | trans    | act all               |          |
| The above-mentioned Customer Number.  OR Practitioners at Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | business in the | United States Patent and Tradem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nark Office co     | nnect    | ed therev      | with.        |          |                       |          |
| Practitioners at Customer Number    Practitioners at Customer Number   Practitioners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Please change t | he correspondence address for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | he above-ider      | ntified  | applicati      | on to:       |          |                       |          |
| Practitioners at Customer Number  OR    Variable   Firm or Individual Name   Kirk D. Houser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | mentioned Customer Number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |          |                |              |          |                       |          |
| Firm or Individual Name  Address  Eckert Seamans Cherin & Mellott, LLC  Address  600 Grant St., 44th Floor  City  Pittsburgh  State  PA  Zip  15219  Country  US  Telephone  412.566.6083  Fax  412.566.6099  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  SURESH L. KONDA  Signature  Date  O: L SA, SL:  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                  |          |                |              |          |                       |          |
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| Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Stateme         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |          |                |              |          |                       |          |
| Signature  Date  On the Control of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Carit Or Assign    | iee oi   | Record         |              |          |                       |          |
| Date $O: A \cap A_{i} \cap A_{i} \cap A_{i}$ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name            | SURESH L. KONDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |          |                |              |          |                       |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature       | Award Charle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |          |                | _ · · · ·    |          |                       |          |
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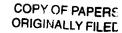
## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     | 09/928,256                 |
|------------------------|----------------------------|
| Filing Date            | 8/10/01                    |
| First Named Inventor   | Suresh L. Konda            |
| Title                  | METHOD AND SYSTEM FOR DATA |
| Group Art Unit         | 2152                       |
| Examiner Name          | Not Known                  |
| Attorney Docket Number | 287946-00001               |
|                        |                            |

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| Address              |                                                          | Cherin & Mellott, LLC  | С         |               |            |                         |                   |
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| City                 | Pittsburgh                                               |                        | State     | PA            |            | Zip 15                  | 5219              |
| Country              | US                                                       |                        |           |               |            |                         |                   |
| Telephone            | 412.566.6083                                             |                        | Fax       | 412.566       | 5.6099     |                         |                   |
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| ☐ Assigne            | ee of record of the entire into                          | erest. See 37 CFR 3    | 3.71.     |               |            |                         |                   |
|                      | ent under 37 CFR 3.73(b) is                              |                        |           | 3/96).        |            |                         |                   |
| <u> </u>             | SIGNATURE                                                | of Applicant or Assign | nee of    | Record        |            |                         | ·                 |
| ·                    |                                                          |                        |           |               |            |                         |                   |
| Name                 | MICHAEL COLLINS                                          |                        |           |               |            |                         |                   |
| Signature            | Also las live                                            |                        |           |               |            |                         |                   |
| Date                 | Date /6/24/3-501                                         |                        |           |               |            |                         |                   |
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| Title                  | METHOD AND SYSTEM FOR DATA |
| Group Art Unit         | 2152                       |
| Examiner Name          | Not Known                  |
| Attorney Docket Number | 287946-00001               |

\* HETEROGENEOUS COMPUTER SYSTEM

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| Firm or Individual Name                                                                                                                                                                                | Kirk D. Houser                              |                                |  |  |  |
| Address                                                                                                                                                                                                | Eckert Seamans Cherin & Mellott, LLC        |                                |  |  |  |
| Address                                                                                                                                                                                                | 600 Grant St., 44th Floor                   |                                |  |  |  |
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| Applicant/Inventor.                                                                                                                                                                                    |                                             |                                |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.                                                                                                                                            |                                             |                                |  |  |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).                                                                                                                                          |                                             |                                |  |  |  |
| SIGNATURE of Applicant or Assignee of Record                                                                                                                                                           |                                             |                                |  |  |  |
| Name PRAN                                                                                                                                                                                              | AB K. NAG                                   |                                |  |  |  |
| Signature                                                                                                                                                                                              | Signature / mut Naj                         |                                |  |  |  |
| Date 0ct 24, 3001                                                                                                                                                                                      |                                             |                                |  |  |  |
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